Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29210



2010-163W Phone: 803-896-5100 Fax: 803-896-5199

www.psc.sc.gov

Print

Date:	
Complainant or Legal Representative Information: * Required Fields	
Name* Susan Frazier	
Firm (if applicable)	
Mailing Address * 1097 Deer Track Dr.	
City, State Zip* Rock Hill, 5c 29732 Phone * (803) 35	24-0700
E-mail* Scfrazier @ comporium. net	
Name of Utility Involved in Complaint: + Utilities Services of South Carolina	
NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.	
Type of Complaint (check appropriate box below.) *	alta Connect Service
Billing Entit/Adjustments Deposits and Credit Establishment	eal to Connect Service Extension Issue
Have you contacted the Office of Regulatory Staff (ORS)? * Yes No Name of ORS Contact:	Kirby
Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this p	page if necessary.)
- Irregular Billing Cycles	
- Inconsistant Useage Chaily Galle	
- Unfair Water Distribution Base and Water Supply Charge	Charge
- Meter Not Being Read on Monthly Cycle	
Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)	
Reimbursement of Overcharges	
	ń
STATE OF SOUTH CAROLINA ) VERIFICATION	
	Internal Use Only
COUNTY OF YORK )	Processed By Date
Complainant's Name * verify that I have read my complaint filed on	
I, Susan C. Frazier verify that I have read my complaint filed on 5-3-10  Complainant's Name *  and know the contents thereof, and that said contents are true.  Complainant's Signature *	H.E.